

Moving on from COVID-19 – not so fast

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In August 2023, New Zealand became one of the final countries to lift restrictions that had formed a part of their comprehensive response to the global coronavirus disease 2019 (COVID-19) pandemic, with mask-wearing no longer mandatory in their hospitals.¹ This followed the great majority of countries lifting some of the most challenging restrictions on their citizens and international travel during 2022 and early 2023. The world has finally begun to “move on” from COVID-19 to facilitate economic recovery and to repair some of the health and social consequences of the lockdowns and restrictions that formed a key part of the response to the pandemic. The public were fatigued by the pandemic’s wide-ranging consequences, and politicians were happy to capitalise on public sentiment to unwind the public health restrictions. Media reporting on the pandemic dropped away rapidly as governments “moved on”, reducing the flow of information on the pandemic and directing public attention to “building back better”.

But the virus is still with us and continues to mutate. It is not at all clear that the world has reached a point of “endemicity” where COVID-19 is still present but at a level that is not causing significant disruption in our daily lives.² Although the extraordinary breakthroughs in vaccines and treatment for COVID-19 have provided both protection and mitigation of many serious health consequences, the longer-term impact of the virus is still being observed, and our understanding is far from complete. Health services are coping with the more immediate challenges caused by delays in access to services and prevention programs and the less visible, more insidious impact on mental health. The challenge to protect the most vulnerable from infection remains, and immunisation rates are highly variable within and between populations in countries.³

In this edition of the Journal, we have several papers that provide a reminder that “moving on” may not be as simple as we would wish for; that there are both important legacy issues that need to be systematically addressed and learnings that need to be captured. The paper by [Bennett and colleagues](#) provides a succinct overview of several legacy issues experienced in Australia and many other countries in the world.⁴ These include progressive improvements in our understanding of the long-term health consequences of COVID-19 infection, highly variable immune responses to vaccines and anti-viral treatments in vulnerable populations; as well as touching on the challenges of public communication and understanding of COVID-19 in complex political and social environments. The paper by [Jayakody and colleagues](#) examines the impact of the 2020 COVID-19-related suspension of BreastScreen NSW on breast cancer tumour

size and treatment among patients presenting to the services once these had been restored.⁵ It provides some reassurance that the interruption to services does not appear to have caused significant adverse outcomes, accepting that it will take some time for services to catch up with a backlog of cases and “normalise”.

Responses to COVID-19 in Australia and elsewhere were characterised by great creativity and innovation in the adaptation of health services delivery and public communication. These are important and positive legacies. In this edition, the paper by [Thomas and colleagues](#) provides a valuable overview of the use of telehealth for mental health consultations by general practitioners during the pandemic.⁶ The results show a major uptake in the use of telephone and some video consultations throughout the pandemic, with obvious increases in use during lockdowns. The study indicates broad acceptance of this alternative approach to consultation across different demographic groups. It confirms the potential for telehealth consultations to form a part of general practice in the long term (provided funding arrangements are satisfactory). The paper by [Ioannides et al.](#) provides an excellent case study highlighting the importance of flexible, tailored responses to COVID-19 that meet community needs in diverse populations.⁷ This paper complements an earlier PHRP paper by [McCaffery and colleagues](#), emphasising the importance of highly targeted COVID-19 communications in diverse contexts to address the large differences in knowledge, attitudes and behavioural intentions among different culturally and linguistically diverse populations.⁸

Other papers in this edition explore additional themes in public communication, including the paper by [Bzozek and Karipidis](#) highlighting the importance of direct community engagement in the communication of issues that invoke community concerns, such as exposure to electromagnetic radiation⁹, and the work of [Pettigrew and colleagues](#) on developing and testing messages to motivate older people to be more active¹⁰. Complementing these is the paper by [Georgiou et al.](#) on the delivery of safe and effective test result communication, management and follow-up.¹¹ Each of these papers further reinforces the important, recent learnings from the experience of the COVID-19 pandemic of providing communications tailored to the needs of diverse populations that meet specific community concerns.

These papers provide a timely reminder that perceptions of the COVID-19 pandemic ending are premature, and we have yet to reach a stage of “endemicity”. The long-term impacts are still being observed, and the challenge remains to protect the most vulnerable in our society. Making an honest appraisal of the current status of the pandemic and critically reflecting on the learning that emerged from our collective and international responses will position us to eventually “move-on” from COVID-19 and ensure that the important lessons learned in disease prevention and control

continue to inform broader improvements in health services and public health practice.

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